

A *Policies and Procedures Manual* documents the Premises' standard operating procedures. When developing policies and procedures, the Premises is encouraged to have a process in place for development, approval, review, and education/training. Below are some suggested sections for the Premises' Policies and Procedures Manual.

This list is not exhaustive. The OHP should have policies and procedures tailored to the specific setting's needs.

For reference, the [OHP Standards](#) and other inspection documents can be found on the [Out-of-Hospital Premises website](#).

## **Administrative**

- a. Development and maintenance of the Policies and Procedures Manual (PPM)
- b. Organizational chart
- c. Scope and limitations of OHP services provided

## **Job Descriptions**

- a. OHP staff job descriptions outlining functions and limitations
- b. Responsibilities for patient care delineated
- c. Supervisory role clarification

## **Procedures**

- a. Adverse events: monitoring, response, reporting, and review protocols
- b. Handling of combustible and volatile materials:
  - i. Proper storage and ventilation guidelines for combustible/volatile materials, including oxygen storage
- c. Ensuring Safety Data Sheets and labels with DIN and expiry dates on cleaning products
- d. Delegation for controlled acts
- e. Emergency evacuation procedures
- f. Routine maintenance and calibration of equipment including biomedical inspections
- g. Infection control measures, including:
  - i. Infection Prevention and Control (IPAC) policies based on current best practices
  - ii. Containment, cleaning, and disinfection protocols for spills of blood and body fluids
  - iii. Prevention and management of injuries from sharp objects
  - iv. Prevention of transmission of blood-borne pathogens (i.e. hepatitis B, hepatitis C and HIV) including immunization policy

- v. Blood-borne pathogen post-exposure management policy, including worker education, facilitating timely access to medical assessment for appropriate post-exposure prophylaxis (PEP) if indicated, and reporting sharps injuries to WSIB and MOL as appropriate.
- vi. Cleaning procedures for each area of the setting
- vii. Reprocessing procedures
- viii. Healthy workplace policies with clear expectation that staff do not come into work when ill with symptoms of infection
- h. Handling and inventory procedures for medications
- i. Medical directives
- j. Patient booking system procedures
- k. Patient consent protocols
- l. Patient preparation guidelines for OHP procedures
- m. Protocol for responding to latex allergies
- n. Safety precautions for electrical, mechanical, fire, and internal disaster, including:
- o. Fire safety protocols (e.g, RACE or REACT)
  - i. Provision of appropriate back-up power for medical equipment
  - ii. Ensuring equipment is CSA or Health Canada approved
- p. Procedures for urgent transfer of patients
- q. Waste garbage disposal
- r. Occupational Health and Safety Act (OHSA) compliance including Personal Protective Equipment (PPE), Safety Equipment Maintenance Documentation (SEMD), Safety Data Sheets (SDS), and Worker Education.

## **Quality Assurance (QA)**

- a. The Premises' QA program and purpose of QA Committee
- b. Frequency of QA Committee meetings (at minimum two per year)
- c. Proposed Quality Assurance Meeting Agenda
- d. Activities to monitor quality of care including, but not limited to, staff performance reviews, review of medical care review, and documentation of procedure numbers with significant changes
- e. Staff training and education protocols, including orientation and competency testing

## **Forms**

- a. Consent form
- b. Discharge instruction sheet
- c. Medication logs

- d. Controlled substances logs
- e. Reprocessing logs
- f. Other necessary forms

## **Ketamine (if applicable)**

- a. Scope and Limitations of the services provided
- b. Staffing policy, i.e. for monitoring and recovery
- c. Most responsible physician for all aspects of care
- d. Procedure for accepting physician-referrals
- e. Consent process compliant with relevant policies. (i.e. *consent form should comply with CPSO Policy on [Complementary And Alternative Medicine](#) regarding [off-label use of Ketamine](#).*)
- f. Pre-procedure assessment protocol (including psychiatric assessments where applicable)
- g. Ketamine Administration protocol
- h. Equipment specifications and protocols for administration, including:
  - i. Using locked control devices; no patient-controlled devices or bolus dosing
- i. Intra-procedure monitoring guidelines
- j. Protocols for managing behavioral crises and adverse events
- k. Post-procedure evaluation and follow-up protocols
- l. Discharge instructions and crisis management protocols
- m. Continuation of care protocols
- n. QA protocols

## **Fluoroscopy (if applicable)**

- a. Equipment maintenance description and logs, including Healing Arts Radiation Protection Act (HARPA) compliance testing and manufacturer's guidelines adherence
- b. Lead apron testing and image retention procedures
- c. PPE program guidelines
- d. As Low As Reasonably Achievable (ALARA) principles and guidelines
- e. Equipment use and training protocols
- f. QA agenda items, including review of relevant assessments and inspections
- g. Medical record documentation guidelines, including, but not limited to:
  - i. Exposure time in seconds
  - ii. Pregnancy declaration if applicable



- iii. Operator signature documentation
- iv. Process for transferring images to patient chart and backup
- h. Staff and patient access protocols, including signage use
- i. Equipment cleaning procedures
- j. Overexposure management protocol
- k. Employee pregnancy and exposure guidelines
- l. Dosimeter use and documentation procedures
- m. Education and training protocols
- n. Any other Occupational Health and Safety requirements

## **Inventories/lists of equipment and medications to be maintained**